

City of Yukon
Utility Billing Department
PO Box 850500 ♦ 500 W Main ♦ Yukon, OK 73099
405-354-1895 ♦ fax 405-350-8909 ♦ customerservice@cityofyukonok.gov

Application for New Residential Customers

Two forms of identification required, at least one must be photo ID

Date service to start _____ Move in date _____

Legal Name (First) _____ (M.I.) _____ (Last) _____

Service Address _____

Billing Address, if different _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Your place of employment _____ Work Phone _____

Your Social Security # _____ Your DL # _____ State _____

Your Date of Birth _____ Spouse/Roommate Date of Birth _____

Spouse/Significant Other/Roommate Legal Name _____

Their place of employment _____ Their Work # _____ Their cell # _____

Their Social Security # _____ Their DL# _____ State _____

Emergency Contact Name _____ Their Phone # _____

Prior Yukon address(s) _____ Own Home _____

Rent Home _____ Landlord's Name _____ Their Phone _____

I hereby certify that all the foregoing information is truthful and accurate. I understand that a \$25.00 connection fee will be added to my first monthly bill. I further understand that failure to pay my bills will result in my service being terminated. I understand that failure to pay my final account balance will result in my account being turned over to a collection agency. I understand that I will be responsible for any additional collection agency charges and/or legal fees incurred in the collection of my delinquent balance, as allowed by law.

X _____
Signature Date

Office use only:

Deposit Paid \$ _____ Date _____ Paid by _____ Receipt # _____ Account # _____